



Kennedy Krieger Institute
 Pediatric Rehabilitation
 Progress Note

Name: Haya Al-Yasin
 KKI #: 12-19-03
 JHH#: 8-433-61-49
 DOB: 6/9/03
 Date: 7/8/08

S: Seizures 7/7 w 5pm x 2 mins, and again this AM at 8am - 7 mins, rec'd diazepam x 1.

O: Tm 37 HR 86-148 RR 18-32 BP 94-128/60-61 SaO2 > 94%
 Wt: (22.4kg) I/O's: w Sam: 172/97
 Dropped to 80's & seizure brief, on NRB

Gen: Well-nourished child, somnolent but alert, NAD.

HEENT: ~~Downy follicles, OP clear, clear conj, neck supple~~

CV: RRR, no m/r/g.

Chest: CTA bilaterally

Abd: NT, ND, NBS. soft, no HSM

Ext: ~~left leg in plaster, normal dressed, distal pulses 2+, moving toes well. Wounds:~~
 JWB

Neuro: NI extrem mot, PERRL, MRE, no verbal or basilar.

Medications:

- 1) Tegretol 200mg PO BID
- 2) Diastat 2.5mg PR PRN

Data/Rads: Tegretol : 5.8 CBC/ CMP (P)

A/P: 5 y/o with h/o cerebellar astrocytoma s/p resection 9/05, VP shunt 2/06, and generalized seizure d/o who presents for reevaluation of her seizures and global developmental delay.

- 1) Neuro - Had 3 min seizure on DOA. ~~Will f/u~~ tegretol level. (p.d. - no) need increase vs medication change. C/S neurology, plan for EEG, and discuss ideal medication regiment for seizure control. Follow up neurodevelopmental testing.
- 2) Pulmonary: Became dusky with seizure; will monitor respiratory status (CPOX).
- 3) FEN/GI: Consider checking LFTs given long-term tegretol use.
- 4) Musculoskeletal: Continue PT/OT while inpatient, f/u recs regarding further outpatient therapies.
- 5) Heme: Consider checking CBC given tegretol use for monitoring.

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